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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/762,098		
Filing Date	January 20, 2004		
First Named Inventor	LESTER, Linda K.		
Group Art Unit			
Examiner Name	**		
Attorney Docket Number	05533.0002.NPUS00		

To: Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313							
I hereby apply to withdraw as attorney or agent for the above-identified patent application.							
The reason for this request is: Current counsel (Albert P. Halluin) is relocating to Wilson Sonsini Goodrich & Rosati, PC. Please direct all future correspondence to Mr. Halluin's attention at the address below.							
The correspondence address in NOT affected by this withdrawal.							
2. Change the correspondence address and direct all future correspondence to:							
CORRESPONDENCE ADDRESS							
☐ Customer Num OR	ber Place Customer Number Bar Code Label here						
Firm or Individual name	Wilson Sonsini Goodrich & Rosati, PC (Attn: Albert P. Halluin)						
Address	650 Page Mill Road						
Address							
City	Palo Alto	State	CA	ZIP	94304-1050		
Country	USA						
Telephone	650-493-9300	Fax	650-493-6811				
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number 27194 This request is enclosed in triplicate (including any attachments). 							
Name	Katharine Altemus (Reg. No. 51,396)						
Signature	Kin ain						
Date	May 10, 2004						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							